

FILED FEB 24 1942 791

1003

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of Poor
(If not in hospital or institution, write street number or location) 4-Yrs. 8 Mo.
(d) Length of stay: In hospital or institution 4-Yrs. 8 Mo.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Josephine Mareck

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased May 19th., 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 4 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Frank M. Mareck
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Annie Zinhard
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 1-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Kennedy
(b) Address 3840 Lindell Blvd.

19. (a) Feb 24 1942 (b) J. H. Bredebeck
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd.
year 1942 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Jan 23, 1942
that I last saw him alive on Jan 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 1 Day

Due to 94

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Anthony J. Piekarski (M. D. or other)
Address 1525 a Cass Ave Date signed 1/24/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. A. Piekarski
1525a Cass Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

W H VanMatre

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.